

Court Report of Judgment Against Owner or Operator of
Motor Vehicle

In the _____ Court

County of _____

Court Code _____ Case Number _____

_____ VS. _____

I, _____ Judge/Clerk of the _____ Court
County of _____ certify that the attached is a full, true and correct
Copy of the judgement in the amount of \$ _____ resulting from a Motor Vehicle Accident,
rendered in the case of

_____ VS. _____
as it appears on record in my office under case number _____
This judgement is being rendered this _____ day of _____, 20 _____.

I further certify that this judgement debtor has failed for a period of up to Ninety (90) days to
satisfy this Judgement in the amount of \$ _____ pursuant to Indiana Code 9-25-6-4

In Witness Whereof, I have hereunto set my seal this _____ day of _____, 20 _____.

(SEAL)

Signature
Name of Judgement Debtor _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Date of Accident _____

Mail to:
Bureau of Motor Vehicles
Division of Safety Responsibility
And Driver Improvement
Indiana Government Center North
100 North Senate Avenue
Indianapolis, Indiana 46204

Plaintiff/Plaintiff's Attorney:
Name: _____

Address _____

City _____

State _____ Zip _____